


Starting Your Pre-Arrest Diversion (PAD) Effort: Law Enforcement, Behavioral Health, and Community Together

May 4, 2017

Serving the Leaders of Today, Developing the Leaders of Tomorrow®

Logistics

- The webinar is being recorded and will soon be available at <http://www.theiacp.org/safetyandjustice>
- For technical assistance—use the “chat” feature to send a question to **IT Team**
- To submit a question for the presenter—use the “chat” feature and send to **Organizers**



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IACP, Justice Reform, and the Safety and Justice Challenge

- Awareness and engagement among law enforcement leaders
- Online training resources (through IACP project pages and PJI's University of Pretrial)
- Local issue technical assistance
- Research on citation in lieu of arrest
- Safety and Justice Challenge strategic ally



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Presenters

Jac A. Charlier

National Director for Justice Initiatives
Center for Health and Justice at TASC
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Gregory A. Frost

President
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The Police, Treatment and Community Collaborative (PTAC Collaborative)



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About the PTAC Collaborative

- Founded as the result of the March 2017 Inaugural Summit held at International Association of Chiefs of Police (IACP)
- Co-Convened by Jac Charlier at the Center for Health and Justice at TASC and Greg Frost with the Civil Citation Network
- Summit organizers: AdCare Criminal Justice Services, C4 Recovery Solutions, George Mason University, and Western Carolina University
- Name comes from the necessary collaborative relationship between police, treatment, and community that is needed to make police diversion possible



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PTAC Collaborative Mission, Purpose and Cornerstone:

- **Mission** - To strategically widen community behavioral health and social service options available through law enforcement diversion.
- **Purpose** - To provide national vision, leadership, voice, and action to reframe the relationship between law enforcement, treatment, and community.
- **Cornerstone** – PTAC is agnostic as to the model/brand of pre-arrest diversion: which approach solves the problem, fits the local situation, and can be addressed through the behavioral health capacity?



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PTAC Collaborative Five Strategic Areas

- **Big Idea/Big Tent** – the PTAC Collaborative leadership team
- **Think Tank** – for behavioral health (drug treatment, mental health) and social services to ensure their equal and critical seat at the table
- **Informing the Field** – for law enforcement focused on learning about what's going on
- **Research** – interested in developing standard metrics for Police Diversion research and evaluation
- **Community** – for our citizens and communities to add their voices and perspectives for practitioners already considering or implementing PTAC Diversion



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PTAC Collaborative Next Steps

- Sign-up to be part of the Collaborative (email to: jcharlier@tasc.org)
- Join one of the five strategic areas to add your voice to the conversations about how this movement moves forward in the country and in your community
- Stay informed about what's going on around the country
- Invite others to join the Collaborative by sharing the PTAC Collaborative one-page brief (May 2017)



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PTAC Collaborative Inaugural National Conference 2018

- Date is March 2018
- Location is TBD
- Open to all
 - Law enforcement
 - Behavioral health
 - Social services
 - Community
 - Together



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Contacting the PTAC Collaborative

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Pre-Arrest Diversion A Public Health Solution to Better Public Safety



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A Variety of Terms for Pre-Arrest Diversion (PAD)

- Deflection
- No arrest
- Pre-arrest *Used by the PTAC Collaborative
- Pre-charge
- Pre-booking
- Police diversion
- Police-assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion



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Pre-Arrest Diversion (PAD) Differs from other Types of Diversion

Critical Differences in Definition of Diversion:

- Pre-Arrest = Moving away from the justice system without having entered it
- Diversion = Moving out of the justice system after having entered it
- Pre-Arrest = Behavioral health guided with criminal justice partnerships
- Diversion = Criminal justice guided with behavioral health partnerships
- Pre-Arrest = Public health solution “9/10” to better public safety
- Diversion = A wide variety of approaches for a variety of reasons



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Two Types of PAD: Done Together for Biggest Impact

Prevention PAD

- No charges/Not relevant to criminal activity
- Identified behavioral health issue (well-being) that places the person in a health risk or exposure risk to the justice system
- Divert to treatment for clinical assessment to address needs and/or to social services

Intervention PAD

- Charges exist but are held in abeyance or issuance of non-criminal citation
- Identified behavioral health issue (well-being) that places the person in a health risk or exposure risk to the justice system AND
- Identified low-moderate risk (to re-offend)
- Divert to treatment for clinical assessment to address needs and/or to social services with justice follow-up and possible action



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The Promises of Pre-Arrest Diversion

- Reduced crime
- Improved public safety (real and perceived)
- Reduced drug use
- Lives saved, lives restored
- Building police-community relations
- Reduced burden on criminal justice to solve public health and social challenges
- Building police-public health/behavioral health relations
- Correct movement of citizens into/away from the justice system
- Cost savings
- “Net-narrowing”



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Six Guiding Questions for Police Leaders

1. Why are you (considering) doing PAD?
 - a. What is the problem you are trying to solve?
 - b. What is the challenge you are trying to address?
2. What does success look like, both qualitatively and quantitatively?
3. Who are you going to divert?
4. When will you divert them?
5. Where will you divert?
6. How will you divert?



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Five PAD Frameworks: The Pathways to Treatment

- **Naloxone Plus:** Engagement with treatment as part of an overdose response or DSM-V Severe for opiates; tight integration with treatment, naloxone (individual too)
- **Active Outreach:** Law enforcement intentionally IDs or seeks individuals, a warm handoff is made to treatment who engages them in treatment
- **Self-Referral:** Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment
- **Officer Prevention Referral:** Law enforcement initiates treatment engagement, no charges are filed
- **Officer Intervention Referral:** Law enforcement initiates treatment engagement, charges are held in abeyance or citations issued, with requirement for completion of treatment



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Pre-Arrest Diversion Examples (Brands) with Related Framework

- **Angel (MA)/ Arlington (MA)**- paariususa.org (200 sites for Angel and Arlington – PD, Sheriff, Fire and Other)
 - Self-referral, Active Outreach
- **Civil Citation (FL)** - civilcitationnetwork.com (62 sites- 61 juvenile, 2 adult)
 - Officer Intervention Referral
- **DART (OH)** - lcsodart.com (many and varied sites)
 - Naloxone Plus
- **LEAD (WA)**- leadkingcounty.org (7 sites)
 - Officer Prevention Referral
- **STEER (MD)** - CenterforHealthandJustice.org (1 site)
 - Naloxone Plus, Officer Prevention/Intervention Referral
- What's your purpose?



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Pre-Arrest Diversion Framework Decision-Making Tool

- Designed for law enforcement, behavioral health, and deflection system partners to aid in decision-making
- Categorizes 16 PAD characteristics to consider and assemble to design the “best fit” deflection initiative



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Example Characteristics

TREATMENT CAPACITY

The availability of different modalities of treatment should dictate many elements of program design. Programs that focus on crisis situations like overdose will require greater access to more intense services such as detox, medication assisted treatment, and residential services. Program that focus on lower-risk drug users not in immediate crisis (and either high or low treatment need) will require more outpatient services.

LOCAL EXPERIENCE

The level of local experience implementing new philosophies or programs may dictate the size and scope of new programs being considered. Existing relationships with the community treatment system, training mechanisms, current officer workflow, overall willingness to adapt, and use of assessment and risk tools will all inform the level of culture and practice change a department and a community are able to accept and sustain. For example, the presence of a CIT team indicates a cultural awareness and leadership commitment that may make a deflection program easier to implement. Departments without such experience may be better served with a model (such as walk-in) that requires less top-to-bottom commitment.



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Ready to get started on your Pre-Arrest Diversion effort?

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Community Collaboration

The Key to a Successful PAD Program

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Starting Point – The Law Enforcement Perspective

- What Problem Needs to be Addressed?
- Honest Local Assessment
- Identify Potential Champions
- Key players
 - Public sector
 - Police Chief
 - Sheriff
 - Prosecutor
 - Public Defender
 - Chief Judge
 - Community
 - Behavioral Health Agency
 - Local Elected Officials
 - Minority Representatives, e. g., NAACP
 - Local Media



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Community Challenges

- Institutional Resistance
- “Not my idea”
- LE Operates 24/7
 - Behavioral Health Agencies Usually Don’t
- Funding Sources
 - Models on the Continuum have Different Costs
- Selecting the Right Behavioral Health Partner
- Technology Infrastructure



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Program Stability – Research and Outcomes

- Access to University Resources
- Identify Key Outcomes
- Access to the Right Data
 - Privacy Requirements
 - CJIS Data Security
- Who Needs the Data?

Outcomes

- Criminal Recidivism
- Timeframe
- Treatment Success
- Days in treatment
- Repeat referrals
- Decrease in overdose rate
- Decrease in drug-related deaths
- Number of LE Referrals

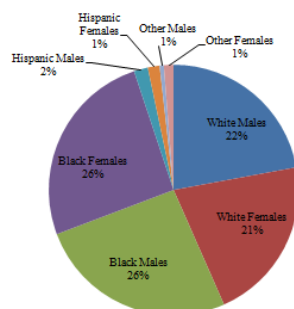


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Pre-Arrest Diversion – Adult Civil Citation Research Program

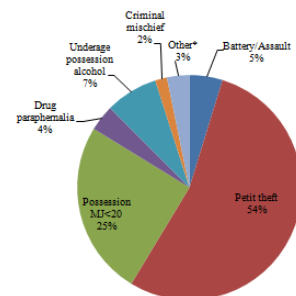
Demographics

Citations Issued by Race/Sex



Offense Types

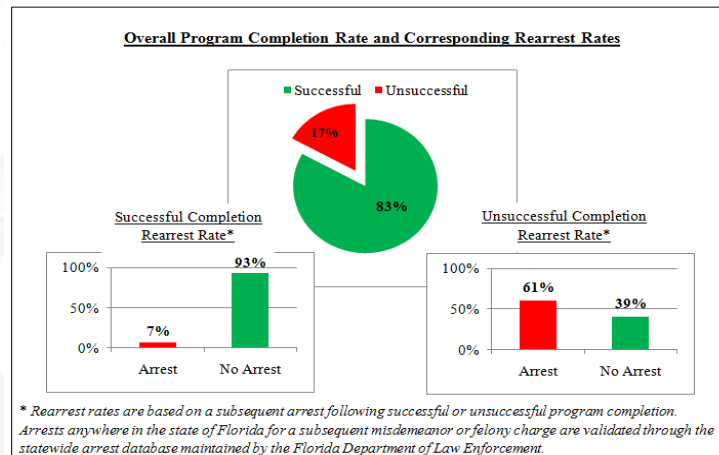
Citations Issued by Offense Category



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Pre-Arrest Diversion – Adult Civil Citation

Outcome Results



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Questions?



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